

SLTC-244

(Rev 1/2017)

## Agency Based Provider Agency

## Intake Internal Quality Assurance Review

## Worksheet

	N/A	Met	Unmet	Date Completed or Date Span
<b>Name of Member:</b> _____				
<b>Date of Intake visit:</b> _____				
PCP Form with signatures				
Service Plan with signatures				
MPQH Overview and Service Profile				
High Risk Service Plan (when applicable)				
High Risk Referral to MPQH (when applicable)				
PCP Form contains member/PR initials				
PCP Form contains member information in every box (when applicable)				
Service Plan documents ADL/IADL tasks and ADL frequency				
<b>Name of Person Completing Form:</b>				
<b>Date Form Completed:</b>				

Additional Comments:

[illegible]